5035952

Please type a plus sign (+) Inside this box > ______ Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

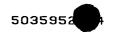
09/239,578 **Application Number TRANSMITTAL** January 28, 1999 **Filing Date FORM** Kapil D. Singh First Named Inventor (to be used for all correspondence after initial filing) Group Art Unit 2123 **Examiner Name** Sharon, Ayal I. Total Number of Pages in This Submission 29 109869-130041 Attorney Docket Number

		E	NCLOSURES (c	heck	all that apply)
X Fee Transmittal F	om		Assignment Papers (for an Application)		After Allowance Communication to Group
Fee Attache	ed		Drawing(s)		Appeal Communication to Board of Appeals and Interferences
X Amendment / Rep	oly		Licensing-related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
X After Final			Petition		Proprietary Information
X Affidavits/de	edaration(s)		Petition to Convert to a Provisional Application		Status Letter
Extension of Time	Request		Power of Attorney, Revocation Change of Correspondence Address	×	Other Enclosure(s) (please identify below):
Express Abandon	ment Request		Terminal Disclaimer	1	equest to Change Attorney Docket nber
Information Disclo	osure Statement		Request for Refund		
Certified Copy of Document(s)	Priority		CD, Number of CD(s)		
Response to Miss Incomplete Applic	sing Parts/ cation		Remarks		
Response t under 37 Cl	to Missing Parts FR 1.52 or 1.53				
	SIGNATURE	OF AF	PLICANT, ATTORNEY, OR	AGENT	T
Firm or Individual name	Robert Watt, Reg. SCHWABE, WILLI	No. 4 IAMS	15,890 ON & WYATT, PC.		
Signature	Nous W	سدد			
Date	1 Jan 2	woz			

	CERTIFICATE OF TRANSMISSION	
I hereby certify that this corresp United States Patent and Trade	ondence is being facsimile transmitted to the mark Office at facsimile number(703) 746-7238 on:	01/21/2003
Typed or printed name	Heather L. Adamson	
Signature	estimated to take 0.2 hours to complete. Time will vary depending upon the ne	1011712003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to Chief Information Officer, Patent and Trademark Office. Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IPG No. 31008.P007



PTO/SB/17 (01-03)

FEE TRANSMITTAL for FY 2003 Effective 01/01/2003, Patent face are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) TOTAL AMOUNT OF PAYMENT (\$) At Unit 2123
Filing Date January 28, 1999 First Named Inventor Kapil D. Singh Examiner Name Sharon, Ayal I. Art Unit 2123 TOTAL AMOUNT OF PAYMENT (s) METHOD OF PAYMENT (check ell that apply) Check Credi card Money Other None Order Deposit Account Number Deposit Account Number Deposit Account Number Code (s) Commissioner is authoritzed to: (chock all that apply) Charge fee(s) indicated below Poredit any overpayments Charge fee(s) indicated below. except for the filting fee to the above-dentified deposit ancount. FEE CALCULATION 1805 190 1925 250 1805 190 2255 485 Extension for reply within first month FEE CALCULATION 1805 190 2254 485 Extension for reply within first month FEE Code (s) 1805 1970 2255 885 Extension for reply within first month FEE Code (s) 1805 190 200 200 200 200 2165 Design filing fee 1805 190 300 200 2165 Design filing fee 1805 190 300 200 200 200 200 2165 Design filing fee 1805 190 300 200 200 200 200 2165 Design filing fee 1805 190 300 200 200 200 200 200 200 200 200 2165 Design filing fee 1805 190 300 200 200 200 200 200 200 200 200 20
First Named Inventor Kapil D. Singh
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. 109869-130041
Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. 109869-130041
METHOD OF PAYMENT (check all that apply) Check
Check Credit card Money Cther None Creder Corder Spring and Control None Corder Spring
Deposit Account: Deposit Account: Deposit Account: Deposit Account: Schwabe, Williamson & Wyatt, P.C. Name The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below. Charge fee(s) indicated below. Charge see(s) indicated below, except for the filting fee to the above-identified deposit account. TEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Pea Pea Description Fee Paid 1. BASIC Filing Fee Toda (\$) Code (\$) 1. BASIC Filing Fee Toda (\$) Code (\$) Code (\$) 1. BASIC Filing Fee Toda (\$) Code (\$) Code (\$) 1. BASIC Filing Fee Toda (\$) Code (\$) Co
Deposit Account: Deposit Account: Deposit Account: Number Deposit Account: Number Deposit Account: Number Deposit Account: Number Deposit Account: Schwabe, Williamson & Wyatt, P.C. Schwabe, Williamson & Wyatt, P.C. In Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below: Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Small Entity
Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Schwabe, Williamson & Wyatt, P.C. Schwabe, Williamson & Wyatt, P.C. Name The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpeyments Charge any additional fee(s) during the pendency of this application Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
Charge fee(s) Indicated below Credit any overpayments 1804 920* 1804 920* 1804 920* 1804 920* 1804 920* 1804 920* 1804 920* 1804 920* 1805 1,840*
Account Name The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments 1053 130
Name The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Condition overpayments Charge arry additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. The Condition of this application Charge arry additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. The Condition of this application The Condition of this application of the Condition of th
Charge fee(s) Indicated below Charge any additional fee(s) during the pendency of this application Charge fee(s) Indicated below, except for the filing fee to the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Peid Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee 1003 520 2003 260 Plant filing fee 1004 750 2004 375 Reissue filing fee 1005 180 2005 80 Provisional filing fee SUBTOTAL (1) (\$) 0.00 Total Claims Independent Indepe
Charge ary additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filting fee to the above-Identified deposit account. 1805 1,840* 1805 1,840
To the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Pee Description 1. Code (\$) 1. Code (
1251 110 1252 410 1253 930 1253 465 Extension for reply within second month 1254 1,450 1,4
1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Description 1. Code (\$) Code (\$) Code (\$) 1. C
Large Entity Small Entity Fee Fe
1254 1,450 2254 725 Extension for reply within fourth month 1256 1,970 2255 985 Extension for reply within fifth month 1256 1,970 2255 985 Extension for reply within fifth month 1256 1,970 12
1001 750 2001 375 Utility filing fee 1255 1,970 2255 985 Extension for reply within fifth month 1401 320 2401 160 Notice of Appeal 1403 520 2003 260 Plant filing fee 1402 320 2402 160 Filing a brief in support of an appeal 1403 280 2403 140 Request for oral hearing 1403 280 2403 140 Request for oral hearing 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unintentional 1501 1,300 2501 650 Utility issue fee (or reissue) 1502 470 2502 235 Design issue fee 1503 315 Plant issue fee 1503 315 Plant issue fee
1002 330 2002 165 Design fling fee
1004 750 2004 375 Reissue filing fee 1403 280 2403 140 Request for oral hearing 1451 1,510 1451
1005 150 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to Institute a public use proceeding 1451 1,510 1451 1,510 Petition to Institute a public use proceeding 1452 110 1452 150 1452 150 1452 150 1453 1,300 1453 1,300 1453 1,300 1453 1,300
SUBTOTAL (1) (\$) 0.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from below Fee Paid 1502 470 2502 235 Design issue fee Total Claims 26 26 27 100 X 18 ±0.00 1503 630 2503 315 Paint issue fee
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from below Fee Paid 1502 470 2502 235 Design Issue fee Total Claims 26 -20 = 0 X 18 = 0.00 1503 630 2503 315 Plant Issue fee Independent 5 5 25 = 0 X 18 = 0.00 1503 630 2503 315 Plant Issue fee
Total Claims 2620== D
Total Claims 26 20 1 20 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2
1480 130 1460 130 130 1460 130
Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)
Large Entity Small Entity 1806 180 Submission of Information Disclosure Strat 1806 180 Submission On Information Disclosure Strat 1806 180 Submissio
Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Recording each petent assignment per property (times number of properties)
1202 18 2202 8 Clatms in excess of 20 1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))
1203 280 2203 140 Multiple dependent claim, if not paid 1810 750 2810 375 For each additional invention to be
1204 84 2204 42 ** Retssue Independent claims examined (37 CFR 1.129(b))
over original petent 1801 750 2801 375 Request for Continued Examination (RCE)

**or number previously paid, if greater; For Reissues, see above (Complete (if applicable) SUBMITTED BY Registration No. Robert Watt Telephone 503-595-2800 45,890 Name (Print/Type) (Attorney/Agent) Signature

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$) 0.00

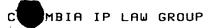
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

IPG No. 31008.P007 If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

(\$) 0.00

SUBTOTAL (2)





Attorney's Docket No.: 109869-130041

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Kapil D. Singh

Application No.: 09/239,578

Filed: January 28, 1999

METHOD AND APPARATUS FOR For:

> REUSING SUBPARTS OF ONE MECHANICAL DESIGN FOR ANOTHER MECHANICAL

DESIGN

Examiner: Sharon, Ayal I.

Art Group: 2123

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

at facsimile number ___(703) 746-7238___ on: Date of Transmission: 0112112002

Name of Person Transmitting:

Box AF Commissioner for Patents Washington, DC 20231

REQUEST TO CHANGE ATTORNEY DOCKET NUMBER

Dear Sir:

Please change the Attorney Docket Number to 109869-130041.

Respectfully submitted,

SCHWABE, WILLIAMSON & WYATT, P.C.

2003

Registration No. 45,890

10260 SW Greenburg Road, Suite 820 Portland, Oregon 97223

Telephone: 503-595-2800

IPG No. 31008 P007